

# Direct Connect Enrollment Form

Please complete the following information:

Customer Name: \_\_\_\_\_

Primary Checking Account Number: \_\_\_\_\_

*(The Primary Checking Account will be charged for any fees related to the Direct Connect service and will be used as the funding account for all bill payments requested via Direct Connect.)*

Other Accounts (checking and savings accounts only): \_\_\_\_\_  
\_\_\_\_\_

The Bill Payment Service is included with Direct Connect. Please check here if you do not wish to use the Bill Payment Service and the limits will be set to zero.

I do not wish to use the Bill Payment Service.

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I acknowledge that I have read and agree to the Bankers Trust – Direct Connect with Bill Pay Service Agreement and Disclosure.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Bank Use Only

### Authenticated By:

Print Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### ELECTRONIC BANKING DEPARTMENT:

CIS #: \_\_\_\_\_

Entered: \_\_\_\_\_

Reviewed: \_\_\_\_\_

Date: \_\_\_\_\_

How to enroll for this service? Please return this form to us:

- Drop the signed form off at a local branch
- Email the signed form to [service@bankerstrust.com](mailto:service@bankerstrust.com)
- Mail the signed form to Bankers Trust Customer Service Department  
3905 Merle Hay Road, Des Moines, IA 50310

**BankersTrust.com**



**Bankers Trust**<sup>®</sup>

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